2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90298 012 ***158.75

DOCUMENT # L79340

1. Entity Name
TANGERINE REALTY CORPORATION

Principal Place of Business	Mailing Address
201 GULF OF MEXICO DR STE 1 LONGBOAT KEY FL 34228 US	201 GULF OF MEXICO DR STE 1 LONGBOAT KEY FL 34228-4022 US

043001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
303 PALM AVENUE	7800 BAYBERRY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: JACKSONVILLE, FL
Zip: 34236 Country:	Zip: 32256 Country:

4. FEI Number 65-0265246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES E CLABAUGH 201 GULF OF MEXICO DR STE 6 SUITE 600 LONGBOAT KEY FL 34228	Name: DAVID GURLEY Street Address (P.O. Box Number is Not Acceptable): NORTON, GURLEY, HAMMERSLEY & LOPEZ 1819 MAIN STREET City: SARASOTA FL Zip Code: 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X [signature], JAMES E. CLABAUGH DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLABAUGH, JAMES E. 390 GULF OF MEXICO DR. LONGBOAT KEY FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CLABAUGH, JAMES 303 PALM AVENUE SARASOTA, FL 34236 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] JAMES E. CLABAUGH 4/20/2000 941/366-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #